10/09/2008 23:03

Image# 28933435237

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines HCA INC. GOOD GOVERNMENT FUND PO BOX 550 ADDRESS (number and street) ONE PARK PLAZA Check if different than previously **NASHVILLE** TN 37203 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00067231 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Χ Apr 20 (M4) Oct 20 (M10) Jul 20 (M7) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 09 0 1 2008 09 30 2008 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. David Anderson Type or Print Name of Treasurer David Anderson Electronically Filed by 10 8 0 2008 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name HCA INC. GOOD GOVERNMENT FUND D D D D 3 0 0 9 0 1 2008 0.9 2008 Report Covering the Period: From:

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 Ž008 Y		248699.32
	(b) Cash on Hand at Begining of Reporting Period	93366.28	
	(c) Total Receipts (from Line 19)	17854.00	41231.72
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	111220.28	289931.04
	Total Disbursements (from Line 31)	38980.61	217691.37
١.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	72239.67	72239.67
	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

HCA INC. GOOD GOVERNMENT FUND

0 1 3^D0 M N м м 0 9 2008 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 22040.00 11650.00 (i) Itemized (use Schedule A) 6005.00 14850.50 (ii) Unitemized (iii) TOTAL (add 17655.00 36890.50 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 17655.00 36890.50 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 199.00 4341.22 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 17854.00 41231.72 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 17854.00 41231.72 (subtract Line 18(c) from Line 19)

23.

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

(i) Federal Share.....

(ii) Non-Federal Share.....

Expenditures.....

Committees.....

Federal Candidates/Committees.....and Other Political Committees.....

26. Loan Repayments Made.....

Individuals/Persons Other

(b) Political Party Committees (c) Other Political Committees

(d) Total Contribution Refunds

29. Other Disbursements.....

30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity

(i) Federal Share

(ii) "Levin" Share (b) Federal Election Activity Paid Entirely

With Federal Funds (c) Total Federal Election Activity (add

31. Total Disbursements (add Lines 21(c), 22,

32. Total Federal Disbursements

from Line 31).....

23, 24, 25, 26, 27, 28(d), 29 and 30(c))..

(subtract Line 21(a)(ii) and Line 30(a)(ii)

Lines 30(a)(i), 30(a)(ii) and 30(b))....

(from Schedule H6)

Than Political Committees

(such as PACs)

II. DISBURSEMENTS

(a) Shared Federal/Non-Federal Activity (from Schedule H4)

(b) Other Federal Operating

22. Transfers to Affiliated/Other Party

Contributions to

24. Independent Expenditure

27. Loans Made..... 28. Refunds of Contributions To:

(c) Total Operating Expenditures

21. Operating Expenditures:

of Disbursements Page 4 **COLUMN A COLUMN B Total This Period** Calendar Year-to-Date 0.00 0.00 0.00 0.00 180.61 3641.37 180.61 3641.37 (add 21(a)(i), (a)(ii) and (b))............ 0.00 0.00 27300.00 185800.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 (add Lines 28(a), (b), and (c)) 11500.00 28250.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 38980.61 217691.37

38980.61

217691.37

F	E6	A٨	102	6

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	17655.00	36890.50
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	17655.00	36890.50
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	180.61	3641.37
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	180.61	3641.37

FE6AN026

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 23 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT I	d Statements may not be sold or used by any pers the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Minta Albietz Mailing Address PO Box 193 City	State Zip Code	Date of Receipt M
Blue Diamond FEC ID number of contributing federal political committee.	NV 89004	Amount of Each Receipt this Period 500.00
Name of Employer Sunrise Hosp Receipt For: Primary General Other (specify) ▼	Occupation CNO Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Robert Alford Mailing Address 2503 Hemingway D	Date of Receipt 0 9 1 5 2 0 0 8	
City Nashville FEC ID number of contributing	State Zip Code TN 37215	Transaction ID: SA11AI.17101 Amount of Each Receipt this Period
Name of Employer Centennial Medical Center	C Occupation CMO Aggregate Year-to-Date ▼	400.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	400.00	
Charles Briscoe Mailing Address 3120 Bayhaven Dr		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City Myrtle Beach FEC ID number of contributing federal political committee.	State Zip Code SC 29579	Transaction ID: SA11AI.17073 Amount of Each Receipt this Period 500.00
Name of Employer Grand Strand Regional Med. Ctr Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation COO Aggregate Year-to-Date 500.00	
SUBTOTAL of Receipts This Page (optional		1400.00

SCHEDULE A (FEC Form 3X)

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and S	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 23 (check only one) X 11a 11b 11c 12 13 14 15 16 17 con for the purpose of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT FU	o solicit contributions from such committee.		
∠ A .	Full Name (Last, First, Middle Initial) Pamela Davis Mailing Address 209 Patrick Avenue	Date of Receipt 0 9 1 8 2 0 0 8		
	City <u>Franklin</u>	State TN	Zip Code 37064	Transaction ID: SA11AI.17115 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Centennial Med Ctr Receipt For: Primary General Other (specify) ▼	_ '	Program Dir e Year-to-Date 250.00	
- В.	Full Name (Last, First, Middle Initial) Sheliahn Davis-Wyatt Mailing Address 489 N.W. Riven Rock	Date of Receipt 0 9 1 5 2 0 0 8		
	City	State	Zip Code	Transaction ID: SA11AI.17053
	Lee's Summit FEC ID number of contributing federal political committee.	C	64081	Amount of Each Receipt this Period 350.00
	Name of Employer Menorah Medical Center Receipt For:	Occupation COO	on e Year-to-Date ▼	
	Primary General Other (specify) ▼	Aggregate	350.00	
С.	Full Name (Last, First, Middle Initial) Catherine Duffy Mailing Address 276 Noah Drive			Date of Receipt 0 9 1 5 2 0 0 8
	City	State	Zip Code	Transaction ID: SA11AI.17097
	Franklin FEC ID number of contributing federal political committee.	C	37064	Amount of Each Receipt this Period 500.00
	Name of Employer Centennial Medical Center	Occupation	on	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			1100.00
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 23 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
HCA INC. GOOD GOVERNMENT FI Full Name (Last, First, Middle Initial)	UND		
Joann Ettien Mailing Address 1216 Beddington Par	ʻk		Date of Receipt 0 9 1 5 2 0 0 8
City	State	Zip Code	Transaction ID: SA11AI.17100
<u>Nashville</u>	TN	37215	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Centennial Med Ctr	Occupation Women's	n s Administrator	7
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Debbie Gafford			Date of Receipt
Mailing Address 12804 W 132nd Stre	et		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.17056
Overland Park	KS	66213	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		350.00
Name of Employer Menorah Medical Center	Occupation CFO	n	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial) Ann Grannis			Date of Receipt
Mailing Address 3012 New Natchez T	race		09 / 18 / 2008
City	State	Zip Code	Transaction ID: SA11AI.17118
Nashville	TN	37215	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Centennial Medical Center	Occupation Nutrition		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]
SUBTOTAL of Receipts This Page (optional)		\	1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 23 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT FULL		y not be sold or used by any perso dress of any political committee to	
Full Name (Last, First, Middle Initial) Thomas Herron Mailing Address 655 Bliss Road	ND		Date of Receipt
			09 15 2008
City	State	Zip Code	Transaction ID: SA11AI.17096
Brentwood FEC ID number of contributing federal political committee.	C	37027	Amount of Each Receipt this Period
Name of Employer Centennial Medical Center	Occupation CEO	n	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00]
Full Name (Last, First, Middle Initial) Teri James	1		Date of Receipt
Mailing Address 1500 State Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.17093
<u>Lexington</u>	MO	64067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		350.00
Name of Employer Lafayette Regional Hlth Ctr	Occupation CFO	n	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00]
Full Name (Last, First, Middle Initial) Patricia Knight			Date of Receipt
Mailing Address 3608 Meadow Drive			09 / 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.17109
<u>Nashville</u>	TN	37215	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		200.00
Name of Employer Centennial Medical Center	Occupation VP HR	n	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	
SUBTOTAL of Receipts This Page (optional)	1		1550.00

TOTAL This Period (last page this line number only)

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 23 (check only one) X
or for	nformation copied from such Reports and S commercial purposes, other than using the AME OF COMMITTEE (In Full) CA INC. GOOD GOVERNMENT FU	e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
A. Br	ull Name (Last, First, Middle Initial) ret G. Kolman ailing Address 1500 State Street			Date of Receipt
Ci <u>Le</u>	ty exington	State MO	Zip Code 64067	Transaction ID: SA11AI.17092 Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		750.00
_	exame of Employer afayette Regional HIt Ctr eceipt For: Primary General Other (specify)	Occupatio CEO Aggregate	e Year-to-Date ▼ 750.00	
B. <u>Ki</u>	ull Name (Last, First, Middle Initial) m Leakey ailing Address 1500 State			Date of Receipt 0 9 1 8 2 0 0 8
Ci	•	State	Zip Code	Transaction ID: SA11AI.17095
FE	exington EC ID number of contributing deral political committee.	C	64067	Amount of Each Receipt this Period 350.00
Na La	ame of Employer afayette Regional	Occupatio CNO	n	
Re	eceipt For: Primary General Other (specify)	1	e Year-to-Date ▼ 350.00	
	ull Name (Last, First, Middle Initial)			Date of Receipt
	ailing Address 15768 Cupid			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ci Ci	ty aldwell	State ID	Zip Code 83607	Transaction ID: SA11AI.17086 Amount of Each Receipt this Period
FE	EC ID number of contributing deral political committee.	C	00007	350.00
Na W	ame of Employer est Valley Med Ctr	Occupatio CNO	n	
Re	eceipt For: Primary General Other (specify)	+ +	e Year-to-Date ▼ 350.00	
SUB	STOTAL of Receipts This Page (optional)	1		1450.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 23 (check only one) X	
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT	the name and add	v not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions	
Full Name (Last, First, Middle Initial) Kathy Moore Mailing Address 14980 Oma St			Date of Receipt	
City	State	Zip Code	0 9 1 8 2 0 0 8 Transaction ID: SA11AI.17084	
Caldwell FEC ID number of contributing federal political committee.	C	83607	Amount of Each Receipt this Period 750.00	
Name of Employer West Valley Med. Ctr.	Occupation CEO	1		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00]	
Full Name (Last, First, Middle Initial) Anita Peterson Mailing Address 711 Kelly Drive			Date of Receipt	
City	0 9 1 5 2 0 0 8 Transaction ID: SA11AI.17099			
<u>Lebanon</u>	TN	37087	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.				
Name of Employer Centennial Medical Ctr	Occupation Partheno	n n Administrator		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) Cathy Philpott	'		Date of Receipt	
Mailing Address 111 Merrimac Drive)		09 / 18 / 2008	
City	State	Zip Code	Transaction ID: SA11AI.17130	
Hendersonville FEC ID number of contributing federal political committee.	C	37075	Amount of Each Receipt this Period 350.00	
Name of Employer Centennial Medical Center	Occupation Associate			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00		
SUBTOTAL of Receipts This Page (optional	1)		1600.00	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for ea	separate schedule(s) ach category of the lled Summary Page	FOR LINE NUMBER: PAGE 12 / 23 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT FU		sold or used by any perso any political committee to	
Full Name (Last, First, Middle Initial) Micki Slingerland			Date of Receipt
Mailing Address 1121 Tyne Blvd			09 15 YYYY 2008
City	•	Code	Transaction ID: SA11AI.17098
Nashville FEC ID number of contributing federal political committee.	TN 372	220	Amount of Each Receipt this Period 500.00
Name of Employer Centennial Medical Center	Occupation COO		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-	Date ▼ 500.00	
Full Name (Last, First, Middle Initial) David Summers			Date of Receipt
Mailing Address 106 Tattnall Court			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Gallatin		Code	Transaction ID: SA11AI.17108
FEC ID number of contributing federal political committee.	C	066	Amount of Each Receipt this Period 500.00
Name of Employer Centennial Medical Center	Occupation CFO		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-	Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Richard Tumlin			Date of Receipt
Mailing Address 9951 Lodestone Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	· ·	Code	Transaction ID: SA11AI.17114
Brentwood FEC ID number of contributing federal political committee.	TN 370)27	Amount of Each Receipt this Period 350.00
Name of Employer Centennial Med Ctr	Occupation Assoc. Admin.		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-	Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional)		······	1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 23 (check only one) X 11a
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal statements and address of any political committee to	
HCA INC. GOOD GOVERNMENT F Full Name (Last, First, Middle Initial)	UND	
James White Mailing Address 1005 Heathrow Drive		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City Hendersonville	State Zip Code TN 37075	Transaction ID: SA11AI.17131 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Centennial Medical Center	Occupation Administrator, Ortho/Neuro/Spine	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Steven Wilkinson		Date of Receipt
Mailing Address 5721 West 119th Str	09 15 7 2008	
City	State Zip Code	Transaction ID: SA11AI.17067
Overland Park FEC ID number of contributing federal political committee.	KS 66209	Amount of Each Receipt this Period 1000.00
Name of Employer Menorah Medical Center	Occupation CEO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2000.00	
Full Name (Last, First, Middle Initial) Turner Wortham		Date of Receipt
Mailing Address 4745 Wild Iris Dr, Ap	ot 303	0 9 1 8 2 0 0 8
City Myrtle Beach	State Zip Code SC 29577	Transaction ID: SA11AI.17069 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Grand Strand Regional Med	Occupation CFO	7
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional)		1850.00

A.

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 14/23 Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT FUND Full Name (Last, First, Middle Initial) Michael Wyers Date of Receipt Mailing Address 20611 Middlecreek Court 09 18 2008 City State Zip Code Transaction ID: SA11AI.17075 Sterling VA 20165 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Capital Division Office Occupation Controller Receipt For: Aggregate Year-to-Date Primary General 250.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	250.00
TOTAL This Period (last page this line number only)	•	11650.00

_	OUEDIUE A /EEOE ON			FOR LINE NUMBER: PAGE 15/23								
5	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)								
IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	11a 11b 11c 12 13 14 15 16 X 17								
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions								
$\overline{\ }$	NAME OF COMMITTEE (In Full)											
\rangle	HCA INC. GOOD GOVERNMENT FUND)										
	Full Name (Last, First, Middle Initial) Suntrust Bank			Date of Receipt								
	Mailing Address P.O. Box 622227			09 / 02 / 4 2008								
	City	State	Zip Code	Transaction ID: SA17.17140								
	Orlando	FL	32862-2227	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C		199.00								
	Name of Employer	Occupation	n	interest from bank statem- ent								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4341.22									

SUBTOTAL of Receipts This Page (optional)	>	199.00
TOTAL This Period (last page this line number only)	•	199.00

State:

A.

SCHEDULE B (FEC Form 3X)

District:

FOR LINE NUMBER: PAGE 16 / 23 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the Detailed Summary Page 21b 22 23 26 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT FUND Full Name (Last, First, Middle Initial) Transaction ID: SB21B.17141 Suntrust Bank Date of Disbursement 19 0 9 2008 Mailing Address P.O. Box 622227 City State Zip Code Amount of Each Disbursement this Period Orlando FL 32862-2227 180.61 Purpose of Disbursement account analysis fees Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify)

		100.04
SUBTOTAL of Disbursements This Page (optional)		180.61
TOTAL This Period (last page this line number only)	•	180.61

SCHEDULL I	B (FEC Form	3X) Use s	eparate schedule(s)	_	NUMBER:	PAGE 17 / 23
TEMIZED DI	SBURSEMEN		ch category of the category of the category of the	(check only 21b 27	22 X 23 28a 28b	24 25 2 28c 29
	ed from such Reports					
NAME OF COM	<u>' '</u>					
Full Name (Last, CANTOR FOF	First, Middle Initial)				Transaction ID: Date of Disburs	: SB23.17150 ement
Mailing Address	P. O. Box 1781	3			09 / 1	0 7 2008
City Richmond		State VA	Zip Code 23226		Amount of Each	Disbursement this Period
Purpose of Disbu	ursement					5000.00
Candidate Name CANTOR FOF Office Sought:		Disbursement Fo	r: 2008	Category/ Type		
	X House Senate President	Primary				
State: VA Full Name (Last, MARIO DIAZ-I	District: 07 First, Middle Initial) BALART				Transaction ID	: SB23.17143 ement
Mailing Address	8770 Sunset D	rive, #422			$\begin{array}{c c} \begin{array}{ccccccccccccccccccccccccccccccccccc$	
City Miami		State FL	Zip Code 33173		Amount of Each	Disbursement this Period
Purpose of Disbucampaign						2000.00
Candidate Name MARIO DIAZ-I				Category/ Type		
Office Sought: State: FL	X House Senate President District: 25	Disbursement Fo Primary Other (:				
	First, Middle Initial) BLICAN IS CRUC	IAL (ERICPAC)			Date of Disburs	
Mailing Address	25 East Main S	Street, Suite 200			09 / 1	$\begin{bmatrix} D \\ O \end{bmatrix}$ $\begin{bmatrix} Y \\ 2 \\ O \\ O \end{bmatrix}$ $\begin{bmatrix} Y \\ 2 \\ O \end{bmatrix}$
City Richmond		State VA	Zip Code 23219		Amount of Each	Disbursement this Perio
Purpose of Disbu fundraiser Candidate Name	ursement		Catogory		5000.00	
	BLICAN IS CRUC	IAL (ERICPAC)	Category/ Type			
Office Sought:	House Senate President	Disbursement Fo Primary Other (s				
	District:	1				
State:	oursements This Page					12000.00

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	ity ROCKLEDGE			tate L	Zip Code 32955				Amo	ount of	Each	n Disbui			_
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	•	GORDON SMITH							Date	of Di	sburs	: SB2 ement			
M	Mailing Address	228 S WASHIN	GTON ST	STE 340)				O _M S) M	D (9 /	Y	0 0 8	3 [°]
	city LEXANDRIA			tate /A	Zip Code 22314				Amo	ount of	Each	n Disbui	semer	t this f	Peri
	urpose of Disbu	rsement				Г	•						38	300.0	O
	andidate Name	GORDON SMITH					atego Type	-							
Ō	Office Sought:	House X Senate President		nent For: Primary Other (spe	2008 X General										
	tate: OR	District: 00 First, Middle Initial)							_			0.00		40	
	MORAN FOR I	•							Date			: SB2 ement			
M	Mailing Address	P.O. Box 1151							O _W S	9 [™] ′) 3 [/]	2	0 0 8	} '
	ity lays			tate (S	Zip Code 67601				Amo	ount of	Each	n Disbui	semer	t this f	² eri
	urpose of Disbu	rsement					v							500.0	D
	Candidate Name MORAN FOR KANSAS						atego Type	•							
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	Mailing Address PO Box 7313								0 ^M 9	M /	^D 2 9	/	ž	8 ŏ o	Υ
	City Louisville			state <y< td=""><td>Zip Code 40257</td><td></td><td></td><td></td><td>Amou</td><td>nt of E</td><td>ach D</td><td>isburse</td><td></td><td></td><td></td></y<>	Zip Code 40257				Amou	nt of E	ach D	isburse			
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	Office Sought: State: KY	X House Senate President District: 03		nent For: Primary Other (spe	2008 X General ecify) ▼										
	Full Name (Last, First, Middle Initial) RYAN FOR CONGRESS									of Disb	ursem	ent	.1715	57	
	Mailing Address P. O. Box 1919 P. O. Box 1919								0 ^M 9	M /	17	/	ž	8 Ó 0	Υ
	City Janesville		S	tate VI	Zip Code 53547				Amou	nt of E	ach D	isburse	ement	this P	eric
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	Candidate Name STUPAK FOR	CONGRESS					tegory/ ype								
	Office Sought:	X House Senate President		nent For: Primary Other (spe	2008 X General ecify) ▼										
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S	SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	1	NE NUMBER:	PAGE 20 / 23
ľ	TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	check 21b	only one)	☐ 24 ☐ 25 ☐ 26
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	ny Information copied from such Reports and Statem r for commercial purposes, other than using the name				
K	NAME OF COMMITTEE (In Full)	e and address of any politica	ii committee to	Solicit contributions	Trom such committee
	HCA INC. GOOD GOVERNMENT FUND				
, –	Full Name (Last, First, Middle Initial)			Transaction II	D: SB23.17146
A.	TEAM SUNUNU			Date of Disbur	
	Mailing Address PO BOX 500			0 9	09 7 2008
	City RYE	State Zip Code NH 03870		Amount of Eac	th Disbursement this Period
	Purpose of Disbursement fundraiser			T L	3000.00
	Candidate Name		Category/	1	
	TEAM SUNUNU		Type		
	Office Sought: House Disburse	ement For: 2008 Primary X General			
	President	Other (specify) ▼			
_	State: NH District: 00				
В.	Full Name (Last, First, Middle Initial) TIM MAHONEY FOR FLORIDA			Transaction II Date of Disbur	D: SB23.17160
	Mailing Address 4114 Northlake Blvd Ste	300		0 3	2000
	City Palm Beach Gardens	State Zip Code FL 33410		Amount of Eac	h Disbursement this Period
	Purpose of Disbursement	16 33410			1000.00
	campaign		L		
	Candidate Name TIM MAHONEY FOR FLORIDA		Category/ Type		
		ement For: 2008	1		
	Senate President	Primary X General Other (specify) ▼			
	State: FL District: 16	Carlor (opeony)			
C	Full Name (Last, First, Middle Initial) WASSERMAN-SCHULTZ FOR CONGRES			Transaction II Date of Disbur	D: SB23.17154
				M M / D	. D / Y Y Y Y
	Mailing Address 1071 Twin Branch Ln			0 9	11 2008
	City Weston	State Zip Code FL 33326		Amount of Eac	h Disbursement this Period
	Purpose of Disbursement campaign		0 0	1	1000.00
	Candidate Name WASSERMAN-SCHULTZ FOR CONGRES	Category/ Type			
	X	ement For: 2008			
	Senate President	Primary X General Other (specify) ▼			
_	State: FL District: 20				
	SUBTOTAL of Disbursements This Page (optional)				5000.00
	TOTAL This Period (last page this line number only)				
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER:	PAGE 21 / 23
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only one)	24 25 26
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NAME OF COMMITTEE (In Full)			
HCA INC. GOOD GOVERNMENT FUND			
Full Name (Last, First, Middle Initial)		Transaction ID:	SB23.17162
WEXLER, ROBERT		Date of Disbursem	
		0 9 D 2 5	2008
Mailing Address Post Office Box 810669 Suite 288		0 9 2 5	2008
,	State Zip Code	Amount of Each D	isbursement this Period
Boca Raton	FL 33431		0000.00
Purpose of Disbursement fundraiser			2000.00
Candidate Name WEXLER, ROBERT	C	category/ Type	
Office Sought: X House Disburse	ment For: 2008	. 760	
Senate	Primary X General		
President	Other (specify) ▼		
State: FL District: 19	, i 2/ ¥		

SUBTOTAL of Disbursements This Page (optional)	•	2000.00
TOTAL This Period (last page this line number only)	<u> </u>	27300.00

SCHEDULE B (FEC Form 3X)

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	y Information copied from such Reports and Stater for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT FUND											
<u>V_</u>	Full Name (Last, First, Middle Initial) Friends of THA Mailing Address 500 Interstate Blvd S					Date		sburs	_	-	7147 2 0 0	8 Y
	City Nashville Purpose of Disbursement PAC to PAC contribution	State Zip Code TN 37210	Īг	•		Amou	int o	Each	n Disb	-	nent this	
	Candidate Name Office Sought: House Disburs Senate President	ement For: Primary		ateg Typ								
	State: District: Full Name (Last, First, Middle Initial) Joe Haynes for State Senate Mailing Address PO Box 527							on ID sburs			7161 Ž 0 Ŏ	8 Y
	City Goodlettsville Purpose of Disbursement fundraiser Candidate Name Joe Haynes for State Senate	State Zip Code TN 37070		ateg Typ	-	Amou	int o	Each	n Disb	ursem	500.	
	X Senate President State: TN District:	ement For: 2008 Primary X General Other (specify) ▼										
	Full Name (Last, First, Middle Initial) Stewart for State Senate Mailing Address 500 Dinah Shore Blvd					Date		sburs			7168 Ž 0 Ŏ	8 Y
	City Winchester Purpose of Disbursement	State Zip Code TN 37398				Amou	ınt o	Each	n Disb	ursem	nent this	
	campaign Candidate Name Stewart for State Senate			ateg Typ	-							-
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NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT FUND		
Full Name (Last, First, Middle Initial) Tim Barnes for State Senate		Transaction ID: SB29.17165 Date of Disbursement
,	State Zip Code TN 37042	Amount of Each Disbursement this Period
Purpose of Disbursement campaign Candidate Name	Ca	500.00
Tim Barnes for State Senate		Гуре
Office Sought: House Disburse X Senate President	ment For: 2008 Primary X General Other (specify)	
State: TN District: 22		

		500.00
SUBTOTAL of Disbursements This Page (optional)	>	500.00
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